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Testimony Supporting:
H.B. 981, An Act Concerning the Placement of Young Children in Congregate Care

Joan Kaufman, Ph.D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and distinguished Members of the Select Committee on Children:

I, Joan Kaufman, a clinical psychologist, Associate Professor in Psychiatry at Yale University School of Medicine, Director of the Child and Adolescent Research and Education (CARE) Program, a program dedicated to work with maltreated children and their families, and Co-Director of the Child Welfare Unit of the Zigler Center for Child Development and Social Policy, support H.B. 981, An Act Concerning the Placement of Young Children in Congregate Care for the following reasons:

1. Congregate care placements are not appropriate for children at time of initial placement, except for children with severe behavioral health care needs. The Juan F. report indicates that from 2003-2010, approximately 5-10% of birth to one year olds, and 25% of one to five year olds have been placed in congregate care settings for their initial placement.[1]
2. The legislation has carve-outs for young children with severe behavioral health care problems. As a step down from a psychiatric inpatient facility, or to avoid psychiatric hospitalization, a congregate care setting may be appropriate for a very young child.
3. Using SAFE Home placements for routine initial placements is not cost effective. It costs the state on average $10,000-$15,000 more in placement expenditures for each child initially placed in a SAFE Home program instead of in a family care setting.
4. Congregate care placements are NOT necessary to maintain sibling groups. The research we conducted on the SAFE Homes program demonstrated that once policy was changed to prioritize and track the maintenance of sibling groups, workers could achieve this goal without the use of congregate care placements. Children placed initially in family care settings are equally likely to be placed with siblings as children initially placed in the SAFE Homes program.[2]
5. Congregate care placements are NOT necessary to complete comprehensive mental health assessments. I am first author on one of the most widely used child psychiatric assessment interviews. This interview has been translated into over 20 languages, I am frequently hired as a consultant by federally funded researchers and pharmaceutical companies to train child psychiatrists and psychologists in child psychiatric diagnostic assessment, and the paper which reported the development of this interview was recently named one of the two most important contributions in child psychiatry in the past 50 years. Comprehensive mental health assessments can be completed on an outpatient basis, and for children with complex clinical presentations, should also include review of past psychiatric records and the gathering of information from collateral informants (e.g., DCF workers, teachers, caregivers, birth relatives).
6. The research data is unanimous. Congregate care placements for young children – especially when they are prolonged – are detrimental to the cognitive, social, and emotional development of children.
7. Young children – especially traumatized children – need a primary caregiver that they can identify as an attachment figure that they can turn to when they need comfort. Shift workers are no substitute for this.
8. Legislation needs to be drafted -- not based the beliefs and wishes of providers –who frankly have a vested financial interest in maintaining the status quo – but on scientific facts and the needs of the young children the State has a responsibility to protect.

1. Mancuso R. *Juan F. v Rell Exit Plan, Quarterly Report.* Hartford, CT.: Court Monitor's Office; September 25, 2008 2010.
2. DeSena AD, Murphy RA, Douglas-Palumberi H, et al. SAFE Homes: Is it worth the cost? An evaluation of a group home permanency planning program for children who first enter out-of-home care. *Child Abuse Negl.* 2005;29:627-643.

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Testimony Supporting:

H.B. 6340, An Act Concerning the Placement of Children in Out-of-State Treatment Facilities

Joan Kaufman, Ph.D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and distinguished Members of the Select Committee on Children:

I, Joan Kaufman, a clinical psychologist, Associate Professor in Psychiatry at Yale University School of Medicine, Director of the Child and Adolescent Research and Education (CARE) Program, a program dedicated to work with maltreated children and their families, and Co-Director of the Child Welfare Unit of the Zigler Center for Child Development and Social Policy, support H.B. 6340, An Act Concerning the Placement of Children in Out-of-State Treatment Facilities for the following reasons:

1. Children placed in out-of-state facilities are isolated from extended family and other social supports. By isolating children in out-of-state facilities we are increasing the odds of long-term behavioral and mental health problems. Research has shown that the establishment of stable positive attachment relations is one of the most important factors in promoting resilience in maltreated children. In the past decade we have learned that positive nurturing relationships can alter gene expression and re-set the body's stress axis, reducing the risk of long-term mental health problems.
2. While there are times when residential placements may be clinically indicated, they are very costly, and there is little data to demonstrate their efficacy.
3. When I worked in Pennsylvania, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) matching federal dollars were used to provide comprehensive home- and community-based mental health services, allowing children with severe behavioral health issues to reside at home with birth families, relative caregivers, or foster parents. These services were used in the treatment of children with significant sexual acting out, aggression, and self-injurious (e.g., self-mutilation) behavior problems. To the best of my knowledge, Connecticut does not currently utilize federal EPSDT monies to support the community-based clinical care of youth with severe behavioral and mental health problems.
4. In randomized controlled studies with juvenile delinquent boys and girls, when group care was compared to multidimensional treatment foster care (MTFC), the enriched MTFC foster care intervention was associated with reduced arrest rates, increased school attendance, and lower rates of substance use at follow-up – all at reduced costs.
5. Providing evidence-based treatments to address the behavioral health issues of youth in the community is cost-effective in both the short- and long-term.

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Testimony Supporting:
H.B. 6336, An Act Concerning Kinship Care

Joan Kaufman, Ph.D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and distinguished Members of the Select Committee on Children:

I, Joan Kaufman, a clinical psychologist, Associate Professor in Psychiatry at Yale University School of Medicine, Director of the Child and Adolescent Research and Education (CARE) Program, a program dedicated to work with maltreated children and their families, and Co-Director of the Child Welfare Unit of the Zigler Center for Child Development and Social Policy, support H.B. H.B. 6336, An Act Concerning Kinship Care for the following reasons:

1. Research has shown that children involved with protective services who are placed with kin have fewer changes in placement, and fewer behavioral and emotional health problems.
2. Connecticut uses kinship care placements at a rate significantly below the national average. In the 2009 Adoption and Foster Care Analysis and Reporting System (AFCARS) report – the most recent available data, Connecticut stated 13% of the children in out-of-home care were placed in relative care placements. This rate is 40% below the national average (21%).
3. In the 2009 AFCARS report, 26 states reported that 20% or more of their children in out-of-home care were placed with kin, and 10 states reported 30% or more of their children in out-of-home care were placed with kin.
4. Given national statistics, in addition to requiring that the Department of Children and Families (DCF) convene a workgroup to address this issue, it seems reasonable to set the goal that by July 2012 at least 21% of children placed in out-of-home care by DCF will be in kinship care placements.